POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		
O.I.P.E. CLASSIFIER			5-3-2-99
FORMALITY REVIEW	DB	005373	8/4/99

INDEX OF CLAIMS

✓ .... Rejected
= .... Allowed
— (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim		Date						
Final	Original	10-15-99	5-5-00	4-19-01	3-1-02	7-6-04		
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If more than 150 claims or 10 actions
staple additional sheet here

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